

# C-IRO Inc.

An Independent Review Organization

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**DATE NOTICE SENT TO ALL PARTIES:** Jun/27/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right ankle Brostrom repair as an outpatient

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Orthopedic Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for right ankle Brostrom repair as an outpatient is not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male. On XX/XX/XX, an MRI of the right ankle was obtained for right ankle pain, which was considered a normal MRI of the right ankle. On X/XX/XX, the patient returned to clinic. The provider stated stress x-rays of the ankle had not been obtained. On exam, the foot was warm, and there was a strongly positive anterior drawer sign with significant tenderness over the involved area.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On X/XX/XX, a utilization review report stated the request for the right ankle Brostrom repair as an outpatient, was not medically necessary, as there was no diagnostic study indicating that the patient had a torn ligament in the ankle. Therefore, the request was non-certified.

On X/XX/XX, a utilization review report stated the requested right ankle Brostrom repair as an outpatient, was not medically necessary. A peer to peer had been attempted without success. It was noted the MRI of XX/XX/XX was normal, and there was no objective stress radiographs indicating objective evidence of instability. Therefore, the request was non-certified.

The guidelines state that for an ankle ligament repair, stress x-rays should be performed, showing at least 15 degrees of opening. The MRI was negative and the provider stated stress x-rays had not been performed.

It is the opinion of this reviewer that the request for right ankle Brostrom repair as an outpatient is not medically necessary and prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)